
DD 2875 SAAR DIRECTIONS



Navy Drug Detection & Deterrence

29 September 2020

By: Brian Hasaan-Willis
OPNAV N170D



UNCLASSIFIED



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You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

-The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct(PM), law enforcement(LE), and counterintelligence(CI) investigations.

-At any time, the USG may inspect and seize data stored on this IS.

-Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.

-This IS includes security measures (e.g., authentication and access controls) to protect USG interests-not for your personal benefit or privacy.

-Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

* ☐ I Agree

CAC Login

[Register as a new user](#)

Program Resources

- [DoD Drug Demand Reduction Program \(DDRP\) Website and Program Resources](#)
- [Navy Drug Screening Laboratory, Jacksonville Website](#)
- [Navy Drug Screening Laboratory, Great Lakes Website](#)

DOD Drug Testing Laboratory EMail Links

- AFDTL Lackland (Brooks) Lab [Contact Information](#)
- Fort Meade Lab (usarmy.meade.medcom-ftdtl.list.msupport@mail.mil)
- Great Lakes Lab (usn.great-lakes.navdruglabgrlil.list.ndslgl-tech-help@mail.mil)
- Jacksonville Lab (usn.ndsljax@mail.mil)
- Tripler Lab (usarmy.tripler.medcom-ftdtl.list.ftdtl-t-portal@mail.mil)





Getting Started

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Back to Login
How To Register
New User Guide

After clicking on the “Getting Started” link, a drop down will appear. Click on “New User Guide” to find the “DD2875 hyperlink.

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- Tripler Lab (usarmy.tripler.medcom-ftdtl.list.ftdtl-t-portal@mail.mil)





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New User Guide

Download blank DD 2875 (IFTDTL SAAR Form) by clicking this link.



Preregistration requirements include the following:

- A completed and signed [DD2875](#) System Authorization Access Request (SAAR) dated within the past year. Contact your program office for the latest version and assistance.
- A valid Cyber Awareness certificate dated within the past year.
- Complete the user registration - Getting Started --> How To Register.
- Approval from an account administrator.



PART I: User Information

Type of Request:

New users will select “Initial”.
Current users will select “Modification”
to update their accounts or
“Deactivation” to have account deleted.

“User ID” field is not used.

All Dates will use the “4 digit YEAR, 2
digit MONTH, 2 digit DAY” format.

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)		
PRIVACY ACT STATEMENT		
AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.		
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.		
ROUTINE USES: None.		
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.		
TYPE OF REQUEST <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modification <input type="checkbox"/> Deactivation <input type="checkbox"/> User ID		DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications)		LOCATION (Physical Location of System)
IFDTL access		JBSA San Antonio, TX
PART I (To be completed by Requestor)		
1. NAME (Last, First, Middle Initial)		2. ORGANIZATION
3. OFFICE SYMBOL/DEPARTMENT		4. PHONE (DSN or Commercial)
5. OFFICIAL E-MAIL ADDRESS		6. JOB TITLE AND GRADE/RANK
7. OFFICIAL MAILING ADDRESS		8. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> FN <input type="checkbox"/> Other
		9. DESIGNATION OF PERSON <input checked="" type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input type="checkbox"/> I have completed Annual Cyber/Information Awareness Training DATE (YYYYMMDD)		
11. USER SIGNATURE (Printed Name)		12. DATE (YYYYMMDD)



PART I: Information

PART I: Enter the information in each block.

Block 2, command name.

Block 6, the position you are requesting access for, pay grade and rank. For non military enter their paygrade, and the rank will be "CIV".

Mark the appropriate boxes for blocks 8 and 9.

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PRIVACY ACT STATEMENT		
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PRINCIPAL PURPOSE:	To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.	
ROUTINE USES:	None.	
DISCLOSURE:	Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.	
TYPE OF REQUEST <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modification <input type="checkbox"/> Deactivation <input type="checkbox"/> User ID		DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications) iFDTL access		LOCATION (Physical Location of System) JBSA San Antonio, TX
PART I: To be completed by Requester		
1. NAME (Last, First, Middle Initial)	2. ORGANIZATION	
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE (DSN or Commercial)	
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK	
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> FN <input type="checkbox"/> Other	9. DESIGNATION OF PERSON <input checked="" type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input type="checkbox"/> I have completed Annual Cyber/Information Awareness Training DATE (YYYYMMDD)		
11. USER SIGNATURE (Printed Name)		12. DATE (YYYYMMDD)



PART I: Cyber Awareness and Signature

IA TRAINING AND AWARENESS
CERTIFICATION REQUIREMENTS:
Block 10 must be checked and
dated.

USER SIGNATURE:
Block 11: DO NOT digitally sign yet!

Complete information in blocks 26
and 27, then return to block 11 to
digitally sign to lock user
information.

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)		
PRIVACY ACT STATEMENT		
AUTHORITY:	Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.	
PRINCIPAL PURPOSE:	To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.	
ROUTINE USES:	None.	
DISCLOSURE:	Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.	
TYPE OF REQUEST <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modification <input type="checkbox"/> Deactivation <input type="checkbox"/> User ID		DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications) iFDTL access		LOCATION (Physical Location of System) JBSA San Antonio, TX
PART I (To be completed by Requestor)		
1. NAME (Last, First, Middle Initial)		2. ORGANIZATION
3. OFFICE SYMBOL/DEPARTMENT		4. PHONE (DSN or Commercial)
5. OFFICIAL E-MAIL ADDRESS		6. JOB TITLE AND GRADE/RANK
7. OFFICIAL MAILING ADDRESS		8. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> FN <input type="checkbox"/> Other
		9. DESIGNATION OF PERSON <input checked="" type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input type="checkbox"/> I have completed Annual Cyber/Information Awareness Training DATE (YYYYMMDD)		
11. USER SIGNATURE (Printed Name)		12. DATE (YYYYMMDD)



PART II: Endorsements

An example for “Justification for Access” is for user job description, example:

“Required for duties as command UPC for RRU 12345. PRD (Military)/CAC Expiration (Civilians): MM/DD/YYYY.” and user DODID.

Block 14, “Authorized” should be checked for those having “Non-Privileged Roles”. Check “Privileged” for those that have “Privileged Roles”.

All users have unclassified access; block 15 is not editable.

Block 16 must be checked certifying the need for the access being requested.

Block 16a is for contractors.

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)			
13. JUSTIFICATION FOR ACCESS <div>DOD ID: _____</div>			
14. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Privileged			
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> Other			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested <input type="checkbox"/>		16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)	
17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER	
21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE (YYYYMMDD)	
22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)



PART II: Supervisor Endorsements

Command Master Chief or the Senior Enlisted Advisor will serve as the supervisor. Fill in all supervisor blocks 17 through 20b.

Digitally sign in block 18 last because once that happens all blocks will be locked.

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)				
13. JUSTIFICATION FOR ACCESS 				
DOD ID: _____				
14. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Privileged				
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> Other				
16. VERIFICATION OF NEED TO KNOW Verify that this user requires access as requested <input type="checkbox"/>			16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)	
17. SUPERVISOR'S NAME (Print Name)		18. SUPERVISOR'S SIGNATURE		19. DATE (YYYYMMDD)
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT		20a. SUPERVISOR'S E-MAIL ADDRESS		20b. PHONE NUMBER
21. SIGNATURE OF INFORMATION OWNER/OPR		21a. PHONE NUMBER		21b. DATE (YYYYMMDD)
22. SIGNATURE OF IAO OR APPOINTEE		23. ORGANIZATION/DEPARTMENT		24. PHONE NUMBER
				25. DATE (YYYYMMDD)



PART II: Commanding Officer Endorsements

**DO NOT PUT ANYTHING
IN BLOCKS 21 THROUGH
21b.**

Information Assurance
Officer (IAO) or Appointee
is for the Commanding
Officer/ Officer in Charge or
By Direction signature.

Fill in blocks 23 through 25
then digitally sign in block
22 last.

Digitally signing in block 22
locks blocks 22 through 25.

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)			
13. JUSTIFICATION FOR ACCESS DOD ID: _____			
14. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Privileged			
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> Other			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested <input type="checkbox"/>		16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)	
17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER	
21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE (YYYYMMDD)	
22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)



Block 27: Non-Privileged Roles

Non-Privileged Roles:

WebDTP Application: Import rosters, perform selections, produce testing products, and reports.
Results: Access Urinalysis Testing Results.
MRO: Positive results with MRO confirmation.

WebDTP Container: A container is equivalent to a database in the DTP Desktop application. It is a workspace where users can access rosters and produce drug testing paperwork.

Results Reporting Unit (RRU): An RRU is the equivalent to UIC.

Affiliated Reporting Group (ARG): An ARG is a collection of RRUs; it is equivalent to a MAJCOM in the legacy portal.

Service Component: Identifies ALL Navy users.

Organization: Is where the list UICs will be placed per role.

27. OPTIONAL INFORMATION (Additional Information)		
Non-Privileged Roles and Levels of Access (see iFTDTL Instructions)		
IFTDTL Roles	IFTDTL Levels of Access	Organization
<input type="checkbox"/> WebDTP Application	<input type="checkbox"/> Container	
<input type="checkbox"/> Results	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	
<input type="checkbox"/> MRO	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	
Privileged Roles and Levels of Access (see iFTDTL Instructions)		
IFTDTL Roles	IFTDTL Levels of Access	Organization
<input type="checkbox"/> User Administration	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Service Component	
<input type="checkbox"/> RRU Administration	<input type="checkbox"/> Service Component	
<input type="checkbox"/> WebDTP Cntr Administration	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Service Component	
<input type="checkbox"/> Other	As designated by unit requirements:	



Block 27: MRO Role

MRO is for the Medical Review Officer Staff only.

DO NOT CHECK ANYTHING IN THIS SECTION.

27. OPTIONAL INFORMATION (Additional Information)

Non-Privileged Roles and Levels of Access (see iFTDTL Instructions)

IFTDTL Roles	IFTDTL Levels of Access	Organization
<input type="checkbox"/> WebDTP Application	<input type="checkbox"/> Container	
<input type="checkbox"/> Results	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	
<input type="checkbox"/> MRO	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	

Privileged Roles and Levels of Access (see iFTDTL Instructions)

IFTDTL Roles	IFTDTL Levels of Access	Organization
<input type="checkbox"/> User Administration	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Service Component	
<input type="checkbox"/> RRU Administration	<input type="checkbox"/> Service Component	
<input type="checkbox"/> WebDTP Cntr Administration	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Service Component	
<input type="checkbox"/> Other	As designated by unit requirements:	



Block 27: Privileged Roles

Privileged Roles are for Service Component Accounts only.

DO NOT CHECK ANYTHING IN THIS SECTION.

27. OPTIONAL INFORMATION (Additional Information)		
Non-Privileged Roles and Levels of Access (see iFTDTL Instructions)		
IFTDTL Roles	IFTDTL Levels of Access	Organization
<input type="checkbox"/> WebDTP Application	<input type="checkbox"/> Container	
<input type="checkbox"/> Results	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	
<input type="checkbox"/> MRO	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	

Privileged Roles and Levels of Access (see iFTDTL Instructions)		
IFTDTL Roles	IFTDTL Levels of Access	Organization
<input type="checkbox"/> User Administration	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Service Component	
<input type="checkbox"/> RRU Administration	<input type="checkbox"/> Service Component	
<input type="checkbox"/> WebDTP Cntr Administration	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Service Component	
<input type="checkbox"/> Other	As designated by unit requirements:	



UPC Roles

Non-Privileged Roles and Levels of Access (see iFTDTL Instructions)		
iFTDTL Roles	iFTDTL Levels of Access	Organization
<input type="checkbox"/> WebDTP Application	<input type="checkbox"/> Container	
<input type="checkbox"/> Results	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	
<input type="checkbox"/> MRO	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	

UPCs who need to run test should check the following:

iFTDTL Roles: WebDTP Application

iFTDTL Levels of Access: Container

Organization: All 5 digit RRUs you have oversight of.

UPCs who need to view results should check the following:

iFTDTL Roles: Results

iFTDTL Levels of Access: Results Reporting Unit

Organization: All 5 digit RRUs you have oversight of.



DAPA Roles

Non-Privileged Roles and Levels of Access (see iFTDTL Instructions)		
iFTDTL Roles	iFTDTL Levels of Access	Organization
<input type="checkbox"/> WebDTP Application	<input type="checkbox"/> Container	
<input type="checkbox"/> Results	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	
<input type="checkbox"/> MRO	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	

DAPAs should check the following:

iFTDTL Roles: Results

iFTDTL Levels of Access: Results Reporting Unit

Organization: All 5 digit RRU's you have oversight of.



ADCO Roles

Non-Privileged Roles and Levels of Access (see iFTDTL Instructions)		
iFTDTL Roles	iFTDTL Levels of Access	Organization
<input type="checkbox"/> WebDTP Application	<input type="checkbox"/> Container	
<input type="checkbox"/> Results	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	
<input type="checkbox"/> MRO	<input type="checkbox"/> Results Reporting Unit <input type="checkbox"/> Affiliated Reporting Group <input type="checkbox"/> Service Component	

ADCOs should check the following:

iFTDTL Roles: Results

iFTDTL Levels of Access: Affiliated Reporting Group

Organization: The primary 5 digit RRU for your ARG.



PART III: SECURITY MANAGER

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION			
28. TYPE OF INVESTIGATION		28a. DATE OF INVESTIGATION (YYYYMMDD)	
28b. CLEARANCE LEVEL		28c. IT LEVEL DESIGNATION	
		<input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III	
29. VERIFIED BY (Print name)	30. SECURITY MANAGER TFI FPHONE NIMRFR	31. SECURITY MANAGER SIGNATURE	32. DATE (YYYYMMDD)

To be addressed by the account requestors Security Manager or representative.

Type of background investigation: the user's last type of background investigation (i.e., NAC, NACI, or SSBI), Clearance Level if Secret or Top Secret, or None. IT Level Designation (I, II, III), and the Security Manager or representative information and electronic signature. An digital signature in block 31 will lock all PART III fields.



How to Register

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How To Register

iFTDTL Portal Account Registration Overview

The Account Registration page provides new users the ability to request access to the iFTDTL Portal and WebDTP. Once submitted, an account administrator will approve or deny access, set roles and level of access. A DD FORM 2875 System Authorization Access Request (SAAR) and a valid Cyber Awareness certificate date are required; both dated within the past year.

Account Registration

Access the iFTDTL Portal, Click the "I Agree" check box for accessing a U.S. Government Information System, and then click on the New User Registration link. You will select the Authentication certificate from your CAC and enter your CAC PIN.

User Registration

Enter the required information as denoted by the red asterisks. The First, Last, Middle names (if available), and DoD ID are prefilled from the users CAC. Either the Work Phone Number or DSN are required, both are acceptable. The upload of the DD Form 2875 SAAR is also required to complete registration.

The requester can also enter special instructions or comments for their administrator. Once complete, displayed are, click the "Register" button, a thank you message and a "Back to Login" button.

When registering for a new account, it remains in a NEW (disabled) state until the Account Administrator approves it and applies Roles and Level of Access.



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* ☐ I Agree

CAC Login

[Register as a new user](#)

Click the "I AGREE" box.

Click the "Register as a new user" link.

[Program Resources](#)

- AFDTL Lackland (Brooks) Lab [Contact Information](#)
- Fort Meade Lab (usarmy.meade.medcom-ftdtl.list.msupport@mail.mil)
- Great Lakes Lab (usn.great-lakes.navdruglabgrlil.list.ndslgl-tech-help@mail.mil)
- Jacksonville Lab (usn.ndsljax@mail.mil)
- Tripler Lab (usarmy.tripler.medcom-ftdtl.list.ftdtl-t-portal@mail.mil)



NEW USER DD 2875

- **To upload your completed DD 2875:**
 - Save your completed SAAR to your desktop.
 - Log on to the IFTDTL PORTAL.
 - Click on the “Register as a new user” link.
 - Fill out the information in the in the blocks provided.
 - Click the “Choose File” button.
 - Find your SAAR on your Desktop to upload and submit it.
 - It will then be added to a que for administrators to process.
 - Once processed by an administrator, you will receive an email from the system that your account has updated.



EXISTING USER DD 2875

- **Your completed DD 2875:**
 - Save your completed SAAR to your desktop.
 - Get a copy of your latest Cyber Awareness Certificate.
 - Email your completed SAAR and Cyber Awareness Certificate to MILL_DTAMIN@NAVY.MIL
 - Once processed by an administrator, you will receive an email from the system that your account has updated.



WHEN YOU CAN'T LOG IN?

- Failure to log in every 30 days.
- Failure to maintain a SAAR with valid Cyber Awareness dates will cause your account to be disabled and unavailable for use.
- If your account reaches its expiration date it will automatically be deleted from the system.
- If you are not logging in from a .mil email address the system will deny you access.



IFTDTL CONTACT INFORMATION

Call or email us with any questions or for assistance with IFTDTL accounts:

901-874-2458 (DSN) 882

Email: MILL DTADMIN@NAVY.MIL

